

NAVAL SPECIAL WARFARE CENTER
MEDICAL DEPARTMENT
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FROM: (Last, First M): _____

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TO: NAVAL SPECIAL WARFARE CENTER MEDICAL DEPARTMENT

SUBJECT: SWCC MEDICAL PACKAGE

REMARKS: _____

ENSURE THE FOLLOWING DOCUMENTS AND INFORMATION IS INCLUDED
WITH THIS FAX:

- ☐ BUD/S-SWCC MEDICAL SCREENING QUESTIONNAIRE
- ☐ DD FORM 2807-1 (Pgs 1-3) & DD FORM 2808 (Pgs 1-3)
- ☐ RADIOLOGY REPORT OF CHEST (PA & LAT)
- ☐ EKG REPORT
- ☐ CAREER COUNSELOR CONTACT INFO
- ☐ MEMBERS E-MAIL AND CONTACT INFORMATION